UTILITY
PATENT APPLICATION
TRANSMITTAL
new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	00862.023280	<u> </u>
Attorney Docket No.		0,5
First Named Inventor or Application Identifier		-
SHINJI UCHIDA		23

Attorney Docket No.	00862.023280	00	1
First Named Inventor or Application Identifier		315	
First Named Inventor of Application		200	
SHINJI UCHIDA			
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Express Mail Label No.	Mail Stop Patent Application	- 07	

TRANSMITTAL	SHINJI UCHIDA PO
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Evoress Mail Label No.
APPLICATION ELEMENTS e MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
X Specification Total Pages 43	a. Computer Readable Form (CRF)
X Drawing(s) (35 USC 113) Total Sheets 20	b. Specification Sequence Listing on:i. CD-ROM or CD-R (2 copies); or
. X Oath or Declaration Total Pages 1	ii. paper
Nowth executed (original or copy)	c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS
Consultrom a prior application (37 CFR 1.63(d))	Assignment Papers (cover sheet & document(s))
(for continuation/divisional with But 17 completes)	10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
Signed Statement attached deleting invenamed in the prior application, see 37 Cf 1.63(d)(2) and 1.33(b).	thor(s) 11. English Translation Document (if applicable) 12. X Information Disclosure Statement (IDS)/PTO-1449 X Copies of IDS Citations
6. X Application Data Sheet. See 37 CFR 1.76	13. Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. Other:
17. If a CONTINUING APPLICATION, check appropriate box and	supply the requisite information:
Continuation Divisional Continu	uation-in-part (CIP) of prior application No
Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure considered a part of the disclosure of the accompanying continuation or considered a part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the disclosure of the accompanying continuation or considered as part of the accompanying continuation of the accompanying co	e of the prior application, from which an oath or declaration is supplied under Box 5b, is divisional application and is hereby incorporated by reference. The incorporation <u>can only be</u> mitted application parts.
considered a part of the disclosure of the accompanying continuation of relied upon when a portion has been inadvertently omitted from the subr	PRESPONDENCE ADDRESS
	05514 ner No. or Attach bar code label here) or Correspondence address below
NAME	
Address	Tay Ondo
City	Zip Code Fax
Country	1 - 22

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	12-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 86.00 =	\$0.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	
			Total of	above Calculations =	\$770.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
			····	TOTAL =	\$770.00
a.	A small e	ntity statement is enclose	ed		
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b. c. 20.	A small e and desire	ntity statement was filed ed. er claimed. bunt of \$ 770.00 to bunt of \$ 40.00 to	in the prior nonprovision cover the filing fee is en cover the recordal fee is	closed. s enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Steven E. Warner - Reg. No. 33,326	
SIGNATURE	Stren E. Cilmer	
DATE	October 27, 2003	

SEW/kkv

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